

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 08/29/03.

I. DISPUTE

Whether reimbursement is recommended for dates of service 03/13/03, 03/20/03, 03/27/03, 04/03/03 and 04/21/03.

II. RATIONALE

Carrier denied services for CPT code 97550-FC as; "F-YF-Reduced or denied in accordance with the appropriate Fee Guideline ground rule and/or maximum allowable reimbursement (MAR). The billing of the procedure has exceeded the fee schedule guidelines governing the maximum allowance for the value and or time." Relevant information submitted by the carrier indicates the carrier previously reimbursed for three FCEs, \$400.00 of the \$400.00 billed for the date of service 12/12/02, \$200.00 of \$500.00 for the date of service 03/13/03 and \$200.00 of \$200.00 for the date of service 04/03/03. Per MFG MGR (I)(E)(2)(a)(b), FCE's are allowed a maximum of three times for each injured worker. On this basis, additional reimbursement is not recommended for CPT code 97750-FC.

Carrier denied services for CPT code 99213 for the dates of service 03/20/03, 03/27/03, 04/03/03 as; "G-YG-Reimbursement for this procedure is included in the basic allowance for another procedure."

Relevant information does not support CPT code 99213 in conjunction with the injured workers' 8 hour participation in the Work Hardening program for date of service 02/27/03 per MGR E/M (IV).

Therefore, reimbursement is not recommended.

IV. FINDINGS & DECISION

The above Findings and Decision are hereby issued this 3rd day of May 2004.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division

MB/mb